



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: WITHAM HEALTH SERVICES

City of Hospital: Lebanon

Year Begin: 01/01/2017 (mm/dd/yyyy format)

Year End: 12/31/2017 (mm/dd/yyyy format)

Person Completing the Report: Witham Hospital

Email Address: dburton@witham.org

Medicare Provider Number: 15-0104

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$78022296
Outpatient Patient Service Revenue	\$298131970
Total Gross Patient Service Revenue	\$376154266

2. Deductions From Revenue

Contractual Allowance	\$230627735
Other Deductions	\$8243745
Total Deductions	\$238871480

3. Total Operating Revenue

Net Patient Service Revenue	\$137282787
Other Operating Revenue	\$6551484
Total Operating Revenue	\$143834271

4. Operating Expenses

Salaries and Wages	\$52835827	Employee Benefits	\$15317261
Depreciation and Amortization	\$6702811	Interest Expense	\$1916571
Bad Debt	\$14355697	Other Expenses	\$33123740
Total Operating Expenses	\$124251907		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$5226668.08	Total Assets	\$184089156.87
Net Non-operating Gains over Loss	\$5174566	Total Liabilities	\$184089156.87

Total Net Gains	\$10401234.08
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$152569288.83	\$108986178.58	\$43583110.25
Medicaid	\$57335050.53	\$37147500.89	\$20187549.64
Other Government	\$17302035.67	\$14953589.46	\$2348446.21
Other State	\$0	\$0	\$0
Other Payers	\$148947891.51	\$48622405.07	\$100325486.44
Total	\$376154266.54	\$209709674	\$166444592.54

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$1065882.68	\$-1065882.68
Hospital Patients	\$97806	\$264231.32	\$-166425.32
Community Education	\$0	\$65160	\$-65160

Number of Medical Professionals Trained	\$519
Number of Hospital Patients Educated	\$140
Number of Citizens Exposed to Health Education Messages	\$225282

Statement Six: Charity Statement
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Hospital Charity Charges	\$5740934056.3
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$1728566061.7	\$1883026370.4	
HCI Payments	\$0		
Subtotal	\$1728566061.7	\$1883026370.47	\$-154460308.77
Medicaid Shortfalls	\$818159.97	\$1038963.25	
Subtotal	\$1729384221.67	\$1884065333.72	\$-154681112.05
DSH Payments	\$2,184,315		
Subtotal	\$1731568536.67	\$1884065333.72	\$-152496797.05
Medicare Shortfalls	\$21680090.65	\$31007183.85	
Other Government Programs	\$19269217.91	\$29035061.92	
Total	\$1772517845.23	\$1944107579.49	\$-171589734.26

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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